

CERTIFICATE OF MAILING BY FIRST CLASS MAIL" (37 CFR 1.8)

Applicant(s): Clark, et al.

Docket No.

MCA-640 CIP/US

Serial No.

10/780,463



Filing Date

February 17, 2004

Examiner

Not yet assigned

Group Art Unit

Not yet assigned

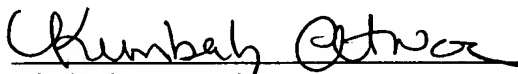
Invention:

Multifunctional Vacuum Manifold

I hereby certify that this Executed and original Declaration (3 pp); Original Signed Patent Assignment with Recordal Cover Sheet (4 pp); Revocation of Power of Attorney (1 p); Expedited Request for Certified Copy (1 p); with authorization to charge deposit account No. 133577; Certificate of Mailing

is being deposited with the United States Postal Service first class mail in an envelope addressed to:

The Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231 on April 9, 2004.



Kimberly Atwood
IP Paralegal
Millipore Corporation

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) Required))		Attorney Docket No.	MCA-640 CIP/US
		First Named Inventor	Clark, et al.
		COMPLETE IF KNOWN	
		Application Number	10/780,463
		Filing Date	February 17, 2004
		Group Art Unit	Not yet assigned
		Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIFUNCTIONAL VACUUM MANIFOLD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/17/2004

as United States Application Number or PCT International

Application Number

10/780,463

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
10/602,426	06/24/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains valid OMB control number.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number

25182

Name	John Dana Hubbard				
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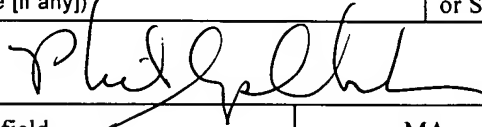
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name Phillip
(first and middle [if any])

Family Name Clark
or Surname

Inventor's
Signature



Date 4-2-04

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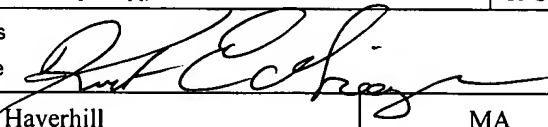
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Country

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name Kurt E.
(first and middle [if any])

Family Name Greenizen
or Surname

Inventor's
Signature



Date 4/2/04

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☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 3 of 3

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John		Doyle	
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Residence: City	State	Country	Citizenship
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City	State	ZIP	Country
Kensington	NH	03833	US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature			Date
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Mailing Address			
Mailing Address			
City	State	ZIP	Country

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country